

# EXHIBIT A

# STATE OF TENNESSEE

## Office of Vital Records

### TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER **2020 066276**

|  |   |  |  |
|--|---|--|--|
| 1. Decedent's Legal Name<br><b>LEDA KAY MCMURRAY</b>   |   | 2. Sex<br><b>FEMALE</b>  | 3. Date of Death<br><b>10/14/2020</b>                                |
| 4. Time of Death (Approx.)<br><b>08:00 PM</b>  | 5a. Age<br><b>69</b>  | 6. Date of Birth<br><b>08/12/1951</b>  | 7. Birthplace<br><b>HARRIMAN, TN</b>                                 |
| 8a. Place of Death<br><b>DECEDENT'S HOME</b>   |   |  |  |
| 8b. Facility Name<br><b>123 6TH STREET SW</b>  |   | 8c. City or Town<br><b>CLEVELAND</b>   | 8d. County of Death<br><b>BRADLEY</b>                                |
| 9. Marital Status<br><b>MARRIED</b>  | 10. Surviving Spouse (name prior to first marriage)<br><b>ROBERT BRUCE MCMURRY JR</b> |  | 11a. Decedent's Usual Occupation<br><b>HOMEMAKER</b>                 |
| 12. Social Security Number<br><b>273-52-4979</b>   | 13a. Residence State or Foreign Country<br><b>TENNESSEE</b>                           |  | 13b. County<br><b>BRADLEY</b>  |
| 13d. Street and Number<br><b>123 6TH STREET SW</b>   | 13e. Inside City Limits?<br><b>YES</b>  | 13f. Zip Code<br><b>37311</b>  | 14. Was Decedent ever in US Armed Forces?<br><b>NO</b>               |
| 15. Decedent's Education<br><b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>   |   | 16. Decedent of Hispanic Origin?<br><b>NO, NOT SPANISH/HISPANIC/LATINO</b>   |  |
| 17. Decedent's Race<br><b>WHITE</b>  |   | 18. Father's Name<br><b>JAMES EDWARD STOUTT</b>  |  |
| 19. Mother's Name Prior to First Marriage<br><b>AUDREY IRENE DAVIDSON</b>  |   | 20a. Informant's Name<br><b>ROBERT MCMURRAY JR</b>   |  |
| 20b. Relationship to Decedent<br><b>HUSBAND</b>  |   | 20c. Mailing Address<br><b>123 6TH STREET SW, CLEVELAND, TN 37311</b>  |  |
| 21a. Method of Disposition<br><b>BURIAL</b>  |   | 21b. Place of Disposition<br><b>MT. OLIVE CEMETERY</b>   | 21c. Location<br><b>CLEVELAND, TN</b>                                |
| 22a. Signature of Funeral Director<br><b>/s/ BRIAN MIRACLE</b>   |   | 22b. License Number<br><b>6449</b>   | 22c. Signature of Embalmer<br><b>/s/ Dawn Guthrie Palmer</b>         |
| 22d. License Number<br><b>3468</b>   |   | 23a. Name and Address of Funeral Home<br><b>COMPANION FUNERAL AND CREMATION SERVICE, PO BOX 5057 2415 GEORGETOWN RD NW, CLEVELAND, TN 37320-5057</b> |  |
| 23b. License Number<br><b>1241</b>   |   | 24. Registrar's Signature<br><b>/s/ EDWARD G BISHOP III</b>  |  |
| 25. Date Filed<br><b>10/27/2020</b>  |   | 26. Certifier<br><b>/s/ GERARD K MAZZA</b>   |  |
| 27a. Name and Address<br><b>GERARD K MAZZA 2725 KEITH STREET, CLEVELAND, TN 37312</b>  |   | 27b. License Number<br><b>15727</b>  | 27c. Date Signed<br><b>10/27/2020</b>                                |
| 28. Part I. ENTER THE CHAIN OF EVENTS, DISEASES, INJURIES, OR COMPLICATIONS THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE. |   |  | Approximate Interval:<br>Onset to Death                              |
| IMMEDIATE CAUSE<br>(Final disease or condition resulting in death). Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.                             |   |  |  |
| a. <b>BILE DUCT CARCINOMA</b>  |   |  |  |
| b. _____   |   |  |  |
| c. _____   |   |  |  |
| d. _____   |   |  |  |
| Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE, GIVEN IN PART I   |   |  | 29a. Was an Autopsy Performed?<br><b>NO</b>                          |
|  |   |  | 29b. Were Autopsy Findings Available to Complete the Cause of Death? |
| 30. Manner of Death<br><b>NATURAL</b>  | 31. Did Tobacco Use Contribute to Death?<br><b>NO</b>                                 | 32. If Female:<br><b>NOT PREGNANT WITHIN PAST YEAR</b>   |  |
| 33. If Transportation Injury, Specify:   | 34a. Date of Injury   | 34b. Time of Injury  | 34c. Injury at Work?   |
|  | 34d. Place of Injury  |  |  |
| 34e. Describe How Injury Occurred  |   | 34f. Location of Injury  |  |

PH-1659E

RDA 10112

12493070

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

*Edward G. Bishop III*  
Edward G. Bishop III  
State Registrar

*Lisa Piercy*  
Lisa Piercy, MD, MBA, FAAP  
Commissioner



1 2 4 9 3 0 7 0

Date Issued: Oct-27-2020

## CERTIFICATION OF VITAL RECORD

